



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/18/2014
Business ID: 412980
William M. Gardner
Secretary of State

Kalyani, LLC

PO Box 1499

Wolfeboro, NH 03894

ADDRESS OF PRINCIPAL OFFICE:

REGISTERED AGENT AND OFFICE:

Sullivan, Timothy J, Esq

36 Center Street 2Fl

Wolfeboro, NH 03894

ENTITY TYPE: LLC

BUSINESS ID: 412980

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address c/o PO Box 1499, Wolfeboro, NH 03894

☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME Charles E. Pearson, Member

STREET PO Box 129

CITY/STATE/ZIP Ossipee, NH 03864

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Charles Pearson

Please print name and title of signer: Charles E. Pearson

/ Member

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS A
PUBLIC DOCUMENT A
REQUIRED INFORMATION



T1405155052

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C DISCLOSURE
WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301